

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

**Dominos Pizza LLC Political Action Committee (Dominos Pizza PAC)**

ADDRESS (number and street)

**30 Frank Lloyd Wright Drive**

(Check if address is changed)

**Ann Arbor****MI****48106**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 

M	M
0	9

 / 

D	D
1	9

 / 

Y	Y	Y	Y
2	0	0	8

3. FEC IDENTIFICATION NUMBER

**C C00366088**4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer **Steve Goda**Signature of Treasurer Electronically Filed by **Steve Goda**

Date

M	M
0	9

 / 

D	D
1	9

 / 

Y	Y	Y	Y
2	0	0	8

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 12/2007)

## 5. TYPE OF COMMITTEE (Check One)

**Candidate Committee:**

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of  
CandidateCandidate  
Party AffiliationOffice  
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate**Party Committee:**

- (d) ☐ This committee is a  (National, State  
(or subordinate) committee of the  (Democratic,  
Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

## Committees Participating in Joint Fundraiser

1.

FEC ID number

2.

FEC ID number

3.

FEC ID number

4.

FEC ID number

5.

FEC ID number

Write or Type Committee Name

**Dominos Pizza LLC Political Action Committee (Dominos Pizza PAC)**

## 6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

**Domino's Pizza LLC**

Mailing Address

**30 FRANK LLOYD WRIGHT DRIVE****ANN ARBOR****MI****48106**

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:



Connected Organization



Affiliated Committee



Leadership PAC Sponsor



Joint Fundraising Representative

## 7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name

**COMERICA BANK, C/O JAMES HOEBERLING**

Mailing Address

**P.O. BOX 75000****MC 2250****DETROIT****MI****48275 - 2250**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**RECORDKEEPER**Telephone number **248 - 371 - 7270**

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer**STEVE GODA**

Mailing Address

**30 FRANK LLOYD WRIGHT DRIVE****ANN ARBOR****MI****48106**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**TREASURER**Telephone number **734 - 930 - 3593**

Full Name of  
Designated  
Agent

MICHELLE HOOK

Mailing Address

30 FRANK LLOYD WRIGHT DRIVE

ANN ARBOR

MI

48106

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

ASST. TREASURER

Telephone number

734

930

3583

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

COMERICA BANK

Mailing Address

PAC SERVICES, MC 2250

P.O. BOX 75000

DETROIT

MI

48275

2250

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲